

~~OTIS, (E. O.)~~

~~With the Compliments of~~
~~the Author -~~
al

THE
PSYCHOLOGICAL FACTOR
IN
SELECTING A CLIMATE FOR INVALIDS.
presented by the author.

BY
EDWARD O. OTIS, M.D.,
OF BOSTON,
INSTRUCTOR IN THE BOSTON POLYCLINIC.



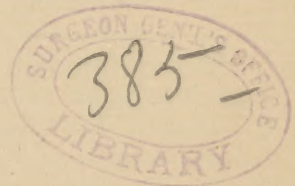
REPRINTED FROM THE
TRANSACTIONS OF THE AMERICAN CLIMATOLOGICAL ASSOCIATION,
JUNE 24, 1889.

THE
PSYCHOLOGICAL FACTOR
IN
SELECTING A CLIMATE FOR INVALIDS.

BY
EDWARD O. OTIS, M.D.,
OF BOSTON,
INSTRUCTOR IN THE BOSTON POLYCLINIC.

REPRINTED FROM THE
TRANSACTIONS OF THE AMERICAN CLIMATOLOGICAL ASSOCIATION,
JUNE 24, 1889.

PHILADELPHIA:
WM. J. DORNAN, PRINTER.
1889.



THE PSYCHOLOGICAL FACTOR IN SELECTING A CLIMATE FOR INVALIDS.

By EDWARD O. OTIS, A.B., M.D.,
OF BOSTON.

"THERE is between the condition of the mind and that of the body," says a modern novelist, "an inter-dependence which cannot but be recognized by every physician." Recognize this fact we do, but I am inclined to think that we give less practical weight to it in our treatment of disease than we ought or might with profit to our patients. To adapt best the remedy, be it climatic or medicinal, to the case in hand, the psychological side of the question, as well as the physiological and pathological, must have its due consideration. Mental influences produce an infinite variety of bodily effects, from an anorexia to a *de novo* phthisis, insanity, or death even. In such a serious matter, then, as a change of climate for a less or a greater period, involving frequently a breaking-up of social and family ties, much more careful attention, it seems to me, should be given to the mental peculiarities and bias of the patient than often, apparently, seems to be the case.

If the *sana mens in sano corpore* is capable of infinite variations, how much more marked are the vagaries of the mind disturbed from its equipoise by the perturbing influences of bodily disease. How often this is illustrated in phthisis we all know. Peculiarities hardly noticeable in health are exaggerated in disease. Every person when sick is more or less of a child, as most of us from personal experience have realized, often to our surprise and chagrin. From a psychological point of view, then, we ought, it seems to me, to consider various factors when a change of climate is contemplated for an invalid, whatever the malady may be. In a general way they are these: *First*. The temperament or mental disposition. Is the patient naturally buoyant and happy, or, on the contrary, often depressed and inclined to take a Mantinian view of life. *Second*. Previous habits and mode of life. Has the patient been active, fond of society, used to much excitement and frequent change; or lived a quiet, equable life, like the peaceful one of

the country? *Third.* The amount of physical activity to which the patient has been accustomed. Has he led more or less of an outdoor life; does he have a fad in shooting, fishing, and the like; or is he of sedentary habits, devoted to books, art, or what not? *Fourth.* The matter of domestic ties. In the contemplated change will the invalid be compelled to sever close ties of relationship—a wife to be separated from her husband, a child from its parents, a mother from her children, etc.? *Fifth.* Is the patient to be placed in an environment of invalidism, where he will have his malady suggested to him continually, by seeing others sick and dying with it about him? *Sixth.* The age of the individual.

That it is important to consider all these elements in selecting a climate for those patients whom we advise to change their skies, is obvious enough, I think; for that climate is the ideal one for the case in hand which is best adapted to his especial needs and conditions, even if it does not possess all the elements of an intrinsically ideal climate. Better a little less altitude and an agreeable environment; or more moisture, with an opportunity of indulging in one's pet hobby; provided always that the point yielded in the climatic conditions is counterbalanced by the point gained in mental contentment.

An analysis of that bundle of peculiarities which constitutes what we call one's temperament is no easy matter, and still it seems to me that it ought to have careful study when a change of climate is under advisement. Here, for instance, is an individual who is a veritable melancholy Jaques, always thinking that the days are waxing evil and he with them, who has a "melancholy of his own, compounded of many simples, extracted from many objects." In ordinary health it requires the combined efforts of his friends and family to keep him in tolerable spirits. Once let him fall sick and he apprehends a speedy dissolution. Such a man is an unfortunate patient to deal with under any circumstances. When the matter, however, of climate comes up we should rather send him to a place of varied interests and attractions to divert and amuse him as much as possible, than to a Colorado ranch or an Adirondack village in winter. Another person, on the contrary, possesses one of those happy, sunny dispositions capable of extracting pleasure from all the little incidents of daily life. Such a one will content himself almost anywhere; and to whatsoever climate you decree him, there he will find a tolerable amount of contentment and happiness, when once he has conquered his nostalgia. You can venture to send him to such places as you would not dare to suggest to the former man.

Between these two extremes we have every variety of disposition or

mental attitude, either natural or as a result of the malady. Of course, it is a delicate question, and one requiring much consideration, how much weight we should give to this factor in our decision. The nervous, excitable person is often best consigned to a quiet, restful place, and the contrary is often best for one of phlegmatic nature, for to give him an interest in something may be the most important step toward his recovery.

One's natural disposition, to a great extent, shapes his way of life and determines his habits. Environment and intercurrent circumstances, however, are important elements, as we know, in the matter. We have only to consider, however, the mode of life as it exists when the patient comes to us, and to settle the amount of its influence in determining the kind of place and climate best for him. We are all creatures of habit, and so strongly and firmly bound by it, and yet so unconsciously, that we only realize it when we attempt to change or break the chain. Take the most familiar illustration—a business man accustomed for years to a daily routine in a city. Resources outside of his business he may have few or none—no hobby or favorite outdoor amusement. Send him away to a lonely place, or to any place, indeed, and he is wretched, the habit of his life is broken, and he realizes how strongly he was bound by it. If, however, it is possible to place him in a sufficiently favorable climate for his disease, and at the same time allow him to continue to some extent in the way of his former life—if, also, the malady permits it—for instance, sending a phthisical merchant to Denver, El Paso, Los Angeles, or where you please, and there indulge him in the semblance at least of following his former occupation, then, it seems to me, we supplement greatly the beneficial effects of the climate by the contentment of mind the continuance of his former habits of life gives.

Or, again, take a young woman, city bred and accustomed to much variety of life in the way of amusements and social diversion. It may be the wisest plan to send her to a place with an environment the reverse of all this, where the life is the simplest and most peaceful conceivable, like that of a western ranch or a small southern village. Assuredly it will be if she is suffering from neurasthenia. It may be, however, that to continue a limited amount of the old excitement, if I may so term it, may keep her in better mental equipoise than suddenly cutting it all off. Denver, St. Augustine, Fortress Monroe, Cairo, the Riviera, may be more curative for her than the quiet, isolated life of a mountain hamlet or a New Mexico ranch.

The tastes of a patient play a not insignificant rôle in his physical

condition and well-being, and a disregard of them may vitiate the good results hoped for by the climatic change. Here, for example, is a person devoted to music; it may be that this very devotion is the cause of the phthisis or neurasthenia. Deprive him, however, of all opportunity of hearing a sonata or a symphony now and then, and he is wretched. Send him, on the contrary, to a resort like Colorado Springs, for instance, where he can gratify his taste occasionally, and, in addition, allow him his piano, with proper restrictions, and he will be happy, and far more readily and quickly adapt himself to the new and changed conditions.

Or, another is a botanist *con amore*. For him a place with a large and varied flora, such, for instance, as some portions of the Rocky Mountains or Southern California, will be more attractive and consequently more beneficial than a sea voyage or Davos. And so, in brief, by studying the tastes and inclinations of the invalid to be exiled, as good a climate may be chosen and, in addition, a point gained by the greater contentment the favorite occupation or amusement affords.

Here I will digress long enough to say that for these reasons, as well as others more directly climatic, it seems to me that it is of the greatest advantage for the physician, who frequently has to advise his patients where to go for a different climate, to have visited as many of the resorts as possible. He may not, probably will not, remain long enough to make any extended study of the climate itself. This has generally been done by the resident physicians; but he will—which will be of great value to himself and his clients—have found out the resources of the place, its attractions, amusements, the class of people his patients will be thrown with, and all the little data and detail as important in their way as the purely climatic side of the question.

The matter of length of residence in the climate selected depends on many considerations, principally on the kind, character, and extent of the disease. I shall only touch upon this subject here in so far as it relates to the psychological element involved. In maintaining a healthy mental equilibrium, so far as this is possible with an invalid, the diversion of change is a powerful factor. Some physician has said (I have forgotten who) that the invalid should change his residence every month, and there is much of truth in the saying. Now, within the area of prescribed climate a frequent change can often be attained. For instance, a patient who has selected for him the climate of Eastern Colorado, can change Colorado Springs for Santa Fé for a little time in the winter, and in the summer go up to the Estes Park or some of the many other mountain resorts, breathing all the time the same kind

of air. Or, again, one who has had prescribed for him a mild sea air may vary the localities where he finds it. St. Augustine, Fortress Monroe, Santa Barbara, or a sea-voyage about the West Indies, all afford him his specific climate with the diversion of change and variety of scene. Moreover, these changes can frequently be made within a limited area, and with no great exhaustion from lengthy journeys, or large expense.

The manner of life as to physical activity is another and important factor, looked at from a psychological standpoint, in the selection of a place for one's patient from amongst those climatically proper for the case in hand. Some individuals will be active as long as the breath of life remains in them, and when wisely regulated, and excess is restrained, it is often better that they should continue to be so, even in their invalid state. Better let a mountain climber or a fisherman take some risk and climb and fish a little, than to wear out his life in desponding *ennui*. I recall the case of a poor fellow with advanced phthisis whose hollow cough kept the ranch awake at Estes Park, and who would still persist in his favorite amusement of trout-fishing whenever he was able to drag his emaciated form to the streams. When I left the Park I expected that a few weeks would see the end of him. What was my surprise to learn that he was still fishing there the following summer, and I trust that he is still somewhere whipping the brooks, and so prolonging, not altogether unhappily, his precarious existence.

Those, on the contrary, accustomed to sedentary habits, as so many women are, and not a few men, it is more difficult to indulge safely in their proclivities; for a change of climate, for whatever disease, requires a more active life generally than the one they have been leading; nature, however, asserting herself, aids us in this, for, in the natural state, man, like most other animals, is an active creature, and it is only the artificial caging that contravenes nature's law. While, then, the old order is changing, reverting to the normal, we can temporize a little to the benefit of the mental state by allowing something of the old life to continue, changing, if we can, the method and manner of it.

For instance, we can send a man given to historical research, and who spends much of his time in his library, to Santa Fé or to the old mission towns of Southern California, where he can investigate the bygone history of these old places, rich in the fascinating tales of Indian missions and self-denying padres. Naturally, in doing this he

will be much out of doors and more or less active. So you gradually change his previous mode of life and indulge his mental inclinations.

Or, again, it is a woman who has too assiduously devoted herself to charitable work. Her work has become almost her life, and to separate her from it entirely is to destroy her aim and object in life. If she goes to Aiken, let her gather a class of colored people about her to teach a little, or visit them in their cabins *à la* friendly visitor. Or if to New Mexico, let her look up the Indians. So, again, you keep alive hope and interest in life, which, in its turn, keeps alive the body.

The separation of families and of intimate friends for a considerable period of time is a serious obstacle to the kindly influences of a healing climate. In cases where the social and family ties are of the closest, and the dependence of the patient upon those about him is great, it is a question in my mind whether enough is gained, by sending him long distances to some of the standard climates, to compensate for the loss entailed in mental stamina by the shock of the separation. In certain cases which have come under my observation, where, for instance, a wife has been sent from the east to Colorado, and could see her husband but once a year, or a daughter or son sent away from the rest of the family, it has hardly seemed to me that the climatic gain compensated for the loss of that peace and contentment of mind so essential for favorable progress in any chronic disease. Of course, individuals vary much in the manner of adapting themselves to circumstances and the inevitable. Where, however, the longing for the dear ones at home is extreme and continued, a spot nearer home with a climate less intrinsically ideal for the disease, but affording easy communication with the home friends, may accomplish better results; as, for instance, Sharon, in this State, or Lakewood, in New Jersey. Often it can be so arranged that members of the family can accompany the invalid, but sometimes not, as in the case—not infrequently arising—of a wife whose husband is confined at home by business or professional life, and upon whose labors the very ability to enjoy the new climate depends. Most people, it seems to me, hardly realize the shock which the separation from friends and familiar scenes produces, especially upon those of middle age, and upon those who have few resources within themselves. If a certain climate is considered a *sine qua non*, then it would seem wise in such cases to insist upon certain of the home friends accompanying the invalid, or, better, the whole family. The roaming life of the prairie schooner class, where the whole household go along, has other advantages besides its idyllic character; they carry home with them.

An environment of invalidism is almost inevitable in most of the well-known health resorts. Besides its injurious influences in other respects, mentally it is in many ways unfavorable. To be sure, calamity in a way makes us all akin, and in thinking of and helping an unfortunate brother our mind is diverted from our own misfortune to our benefit. On the other hand, however, to be amongst many others suffering from the same disease as ourselves, in its varying degrees and phases, must often react unfavorably upon our own condition. Our disease is kept constantly before us; and I have noticed that a community of invalids seem morbidly eager to discuss their own symptoms and learn to watch and note the smallest variations in their condition. When thus the mind is kept constantly upon the disease the progress is naturally less favorable. Again, death must often occur in a community of invalids, which reminds, most emphatically, the survivors of the uncertainty of the issue in their own case. So the dread and doubt are kept constantly before them, and their mental attitude is anything but one of peace and calmness, which is of paramount importance if one would obtain the best results. I must confess that this seems to me to be a serious objection to such health resorts as are exclusively devoted to invalids and to those of the same disease; resorts, moreover, which are of narrow confines, like Davos, for instance. Is not the objection all the greater to sanatoria, where many invalids are under one roof, particularly if the disease is phthisis? It seems difficult, nevertheless, to obviate this. Naturally the physician desires to send his patient, and he to go, to the climate supposed to be best suited to his disease, and so, as a result, they congregate at the few well-known localities. A wider and better personal knowledge of climates and a careful study of the individual patient can do something toward remedying this. The same or as favorable a climate as the one we think best adapted to our patient, and represented by a health resort centre, can often be found which has not yet been invaded by the army of invalids, and which at the same time possesses favorable conditions enough in other respects, such as food, lodging, companionship, diversion, and the like, to answer to the demands required by our patient. In the great climatic range of Colorado it would be pretty easy to do this, it seems to me, or in the high pine belt of the south; though here the matter of good food and accommodations might be a difficult one. Again, a sea-voyage might accomplish it. Certain it is that the influence of an environment of strong, healthy, and consequently cheerful, individuals about an invalid is more conducive to rapid improvement

and hopeful anticipation, than one of invalids with the constant reminder of "Memento mori."

Lastly, the age of the patient as a psychological factor is important in considering the effect of the change to be made. "Hope," it is true, "springs eternal in the human breast," but it springs more exuberantly in the young human breast, and we can count more upon this universal element in human nature in the young than in the middle-aged and older. The adaptability of the young to changed and new conditions is great, and with them we can venture on more radical changes than with the older, who are bound by long association to friends and places. Not infrequently it may be a question whether, with our older patients, it is wise to take the risks of an abrupt and radical change. At all events, if it is decided upon, more care should be taken to surround the invalid with some semblance of his former environment, so that he may more readily take root in the soil to which he is transplanted. After all, to keep him within a shorter radius of home may seem the wiser thing, the greater contentment and hopefulness retained by so doing compensating for the loss incurred by being in the less favorable climate.

In conclusion, I hope that I have emphasized some points often too lightly passed over in the very serious consideration involved in settling the question of change of climate for our patients. From my own experience and observation, it has seemed to me that these psychological factors, as I have called them, have not been given as careful consideration as their importance demands. Ours is a material and scientific age, and medicine feels the influence of the time and age; but there is a spiritual as well as a physical side to the human entity, and he is the wise physician who duly weighs in his considerations and decisions the influences of the spiritual side as well as that of the physical. "The doctor," says Wilks, "soon finds that in treating his patient the practice of medicine is not only one of physic, but of psychology, and that the effects of his drugs depend as much upon the constitution of the patient's mind as his body."

